

Certified Professional Counselor Supervisor (CPCS) Application Packet Checklist

Applicants Name (Please Print) _____

Instructions: Only Licensed Professional Counselors (LPC) may apply per GA Composite Board Rules. Check that all items on the list have been completed. Complete applications will be reviewed monthly. Please allow up to 45 days processing time once the completed application is received. *Incomplete applications will not be processed.*

- Application Fee Select Option Below:**
 - Nonmember: Fee \$150.00 (Fees can be paid by check or online, www.LPCAGA.org, Membership tab)
 - Current Clinical Member of LPCA: CPCS Fee is included in your Clinical Membership

- Include a copy of your Current Georgia LPC License**
License has been held in Georgia for at least (select one of the follow):
 - 3 Years of post LPC Licensure with a Master’s Degree
 - 2 Years of post LPC Licensure with an EdS Degree
 - 1 Year of post LPC Licensure with Doctoral Degree (After Degree Has Been Confirmed)
Degree must be in a Counseling Related Program per GA Composite Board Rule 135-5-.02

- Supervision Training Received** – Check 1 of the 3 options and complete documentation requirements on page 3
 - Option A: Attended 24 CE Hours of Clinical Supervision workshops including 6 Ethics of Supervision CEs.
See below for CE Guidelines, Must include copies of CEs with this application
 - Option B: Completed Graduate Coursework in the area of Clinical Supervision **AND** Attended 12 CE Hours of Clinical Supervision which includes 6 Ethics of Supervision CEs.
Note: Graduate Coursework needed to have been completed within the last 10 years.
Complete listing on page 4, Must include copy of transcript and copies of CEs with this application
 - Option C: Current ACS issued by NBCC or currently Licensed as a Clinical Supervisor in another state with a similar designation. (**include copy of current license from state with supervisor designation**)
AAMFT Supervisor or Addiction Supervisor Does Not Apply

CE Guidelines

- Workshops must have some variance of the word “Supervision” in the title
 - Workshop must be about clinical supervision **NOT** employee supervision, AAMFT supervision, or addiction supervision
- Option A must include 6 CEs in the area of Ethics of Supervision
- The 6 Ethics CEs must be in person and not electronically delivered (Per GA Composite Board Rule), Ethics CEs must have some variance of the word Supervision and Ethics in the title
- Only 1/3 of the CEs can be obtained online (Electronically Delivered), Maximum is 8 hours, no Ethics
- **Must include Copies of the CE Certificates or the application will not be processed**

- Statement of Ethics form completed and signed**
- Permission for Publication form completed and signed**
- Two (2) Professional Character Reference Forms**
 - Notarized and sealed envelopes with signature of referring individual across the back flap of the envelope.
 - Referring Professionals must hold a current clinical license in Georgia.

Mail, Fax, or Email all completed forms (and payment, if applicable) to:

LPCA CPCS	Phone 770-449-4547
3091 Governors Lake DR NW, STE 570	Fax 404-475-2014 (CPCS Only)
Norcross, GA 30071	Email LPCACPCS@Gmail.com

**LICENSED PROFESSIONAL COUNSELORS ASSOCIATION OF GEORGIA
REGISTRY OF CERTIFIED PROFESSIONAL COUNSELOR SUPERVISORS (CPCS)**

Read the Instructions and Guidelines before completing this application

Identifying Information:

Name:			
	<i>First</i>	<i>Middle Initial</i>	<i>Last</i>
Home Address:			
Home / Cell Phone:			Fax:
Email Address:			

Professional Information:

Areas of Specialty (to be included in the Registry for purposes of referral): Please PRINT, limit to 150 characters.			
Current LPC License #		Date License First Issued:	Years Licensed:
My LPC license in Georgia or another state or province, has never been subject to terms of probation, suspension, or revocation:			
	True: <input type="checkbox"/>	False: <input type="checkbox"/>	<i>(If so, please explain in detail on the back of this form.)</i>
GA LPC License Expiration Date:		County of Business:	
Employer:			
Work Address:			
Work Email Address:			
Work Phone:		Work Fax:	
For purposes of referral, please indicate the county(s) you want to be listed in:			

Educational Information:

Highest Earned Degree:		Date Degree Awarded:	
Institution Providing Degree:		Program:	
Institutional Location:			
Indicate Training Option to meet Supervision Registry Standards: <i>(Choose one)</i>			<u>Check One</u>
Option A: 24 LPCA or NBCC approved CE Supervision Training workshops*			<input type="checkbox"/> <u>A</u>
Option B: Graduate level coursework in supervision from accredited counselor preparation program and 12 CE in Supervision Training			<input type="checkbox"/> <u>B</u>
Option C: Clinical Supervisor Credential (ACS (NBCC) or Licensed Clinical Supervisor in another state)			<input type="checkbox"/> <u>C</u>

*Option A is the Preferred Method. Workshops must be about Clinical Supervision

Attach Supporting Documentation -- Use enclosed forms as needed.

**LICENSED PROFESSIONAL COUNSELORS ASSOCIATION OF GEORGIA
REGISTRY OF CERTIFIED PROFESSIONAL COUNSELOR SUPERVISORS (CPCS)**

STATEMENT OF ETHICS

- I accept LPCA Certified Professional Counselor Supervisor *Standards* as a guide for my supervision practice.
- I have read, understand and agree to abide by the *Rules* and *Code of Ethics* of the GA Composite Board of PC, SW, and MFT.
- I have read, understand and agree to abide by the "Ethics Code" of the American Mental Health Counseling Association (AMHCA), American Counseling Association (ACA) and the National Board for Certified Counselors (NBCC).
- **I intend to keep a copy of all the above ethics codes in the office in which I practice supervision.**
- I will maintain my LPC license in good standing with the Georgia Composite Board of PC, SW and MFT.
- I am and will remain fully knowledgeable of the specific requirements for LPC licensure in Georgia as administered by the Georgia Composite Board of PC, SW, and MFT.
- I waive permission to see references as provided for me to be Certified as Professional Counselor Supervisor (CPCS). Furthermore, I attest that all information I have provided to LPCA is accurate and true.

Signature: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
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PERMISSION FOR PUBLICATION

I give permission to LPCA to have my name, business address, phone number, website, and specialties published in the following ways by LPCA (Please **check** all that apply):

- Printed list to be mailed, faxed, or emailed to LPCA members and/or potential members requesting the Supervision Registry of CPCS.
- LPCA Website Supervision Registry
- Listed in the LPCA Newsletter and other publications

I understand that my information will not be published as a part of the Supervision Registry until I have been approved as a CPCS and I have signed this Permission for Publication form.

Clinical members may be included in the Supervision Registry, Non-members are required to pay \$50 per year to be listed.

Please print information as you would like it PUBLISHED: PLEASE PRINT

Name:	<input style="width: 90%;" type="text"/>			
	<i>First</i>	<i>Middle Initial</i>	<i>Last</i>	<i>Degree</i>
Business Address:	<input style="width: 95%;" type="text"/>		City:	<input style="width: 20%;" type="text"/>
Business Phone:	<input style="width: 95%;" type="text"/>		Business Fax:	<input style="width: 20%;" type="text"/>
Business Email:	<input style="width: 95%;" type="text"/>			
Business Website:	<input style="width: 95%;" type="text"/>			
County(s):	<input style="width: 95%;" type="text"/>			
Specialty Areas:	<input style="width: 95%;" type="text"/>			
Signature:	<input style="width: 95%;" type="text"/>			Date:
				<input style="width: 20%;" type="text"/>

CPCS SUPERVISION TRAINING RECEIVED – Option A

24 CE Hours of Clinical Supervision Training including at least 6 Ethics of Supervision CEs (Ethics must be in person)

Date(s) of workshop or Conference, etc.	Title of Workshop or Training MUST include a ‘form’ of the word Supervision in the title. <i>No CE certificate can be greater than 20 CEs</i>	Provider Organization and Instructor Name and Credentials <i>(required)</i>	Documentation Required- CE Approval # <i>(i.e. Approval# 0000)</i>	Was This Workshop Electronically Delivered?	Ethics of Supervision CEs	# of Contact Hours Or CE’s

See Guidelines on Page 1, *Must include Copies of the CE Certificates*

Total: _____

CPCS SUPERVISION TRAINING RECEIVED – Option B

MUST also list 12 Supervision CEs above including 6 Ethics of Supervision CEs

Listing of Completed Graduate Clinical Supervision Coursework

Month and Year Course Was Taken	Institution	Course Number	Course Title

— *Must include Copies of the Transcript Showing Clinical Supervision Training* (Please do not include your social security number on documents.)



3091 Governors Lake DR NW, STE 570, Norcross, GA 30071

CERTIFIED PROFESSIONAL COUNSELOR SUPERVISOR (CPCS) APPLICATION

Professional Reference # 1

Instructions

Applicant: Give this form to your reference with a stamped addressed envelope to send to:
LPCA CPCS, 3091 Governors Lake Drive NW, STE 570, Norcross, GA 30071

Reference: Complete items 1-7, provide a brief statement, sign, and have form notarized. Enclose this form in the envelope provided to you by the applicant, **seal the envelope, and sign your name across the envelope flap and mail.**
Information obtained on this form will be kept confidential and will not be released to the CPCS applicant.

1. Name of Applicant: (Please Print) _____

2. Your Name (Referring Professional): (Please Print) _____
Name as shown on your GA clinical license

3. License Type: Circle one or more.
LPC LCSW LMFT Licensed Psychologist Licensed Psychiatrist
Ga License # _____ **Expires:** _____

4. Title/Position: _____ Work Setting: _____

5. Professional Relationship with Applicant:* _____
**Cannot be a supervisee of the Applicant, GA Licensing Board considers this a dual relationship.*

6. Length of time you have known Applicant: Years _____ Months _____

7. Check one

<input type="checkbox"/> Yes	I find the Applicant qualified to provide supervision for Counselors and recommend them for the CPCS credential.
<input type="checkbox"/> No	I do not find the Applicant qualified to provide supervision for Counselors and do not recommend them for the CPCS credential.

Please provide a brief statement concerning your recommendation of this individual for the LPCA of Georgia CPCS professional credential.

Signature of Referring Professional _____

Contact Phone () _____ - _____ Email _____

Address/City/State/ Zip _____

Notary Name: Print _____ Date _____ Notary Seal (Below)

Notary Signature: _____



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CERTIFIED PROFESSIONAL COUNSELOR SUPERVISOR (CPCS) APPLICATION

Professional Reference # 2

Instructions

Applicant: Give this form to your reference with a stamped addressed envelope to send to: LPCA CPCS, 3091 Governors Lake Drive NW, STE 570, Norcross, GA 30071

Reference: Complete items 1-7, provide a brief statement, sign, and have form notarized. Enclose this form in the envelope provided to you by the applicant, seal the envelope, and sign your name across the envelope flap and mail. Information obtained on this form will be kept confidential and will not be released to the CPCS applicant.

1. Name of Applicant: (Please Print) _____

2. Your Name (Referring Professional): (Please Print) _____
Name as shown on your GA clinical license

3. License Type: Circle one or more.
LPC LCSW LMFT Licensed Psychologist Licensed Psychiatrist
Ga License # _____ Expires: _____

4. Title/Position: _____ Work Setting: _____

5. Professional Relationship with Applicant: * _____
*Cannot be a supervisee of the Applicant, GA Licensing Board considers this a dual relationship.

6. Length of time you have known Applicant: Years _____ Months _____

7. Check one

<input type="checkbox"/> Yes	I find the Applicant qualified to provide supervision for Counselors and recommend them for the CPCS credential.
<input type="checkbox"/> No	I do not find the Applicant qualified to provide supervision for Counselors and do not recommend them for the CPCS credential.

Please provide a brief statement concerning your recommendation of this individual for the LPCA of Georgia CPCS professional credential.

Signature of Referring Professional _____

Contact Phone () _____ - _____ Email _____

Address/City/State/ Zip _____

Notary Name: Print _____ Date _____ Notary Seal (Below)

Notary Signature: _____